Michigan Department Of Community Health BUREAU OF HEALTH SYSTEMS

www.michigan.gov/bhs

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BHS E-MAIL REGISTRATION

The Bureau of Health Systems has an automated Provider Group List for the purpose of providing general information, program updates, alerts and clarifications via electronic mail to long-term care providers. The Bureau also has the capability now to transmit reports electronically and will be utilizing e-mail to providers who agree to accept reports transmitted electronically. You will need to download Adobe Acrobat Reader (free Internet software) to view and print attachments. Please complete this form **if you have never registered with us or if your e-mail address has changed** indicating **each address** to be used for reports and general information. Unfortunately reports cannot be returned electronically with the *Plan of Correction*. The *Plan of Correction* may be added to a printed report and returned for approval by U.S. mail or overnight delivery to the Licensing Officer. This form may be completed and returned by mail or fax.

FACILITY NAME:		
MAILING ADDRESS:		
CITY:	ZIP CODE:	
PROVIDER NUMBER: 23-		
BHS NUMBER:		_
E-MAIL ADDRESS (FOR GENERAL INFORMATION):		
E-MAIL ADDRESS (FOR ELECTRONIC REPORTS):		
FACILITY CONTACT NAME:		
FACILITY CONTACT PHONE #:		
DATE:		

BHS-602 (01/28/04)

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this Agency.